

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

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e original)

SUPPLEMENTARY REPORT OF BIRTH County Registrar's No.* 131

ami County Gila No. 103 Red Springs Canon St.

{	and	{	Number in order of birth
November	6,	1929	
Month)	(Day)	(Year)	
FATHER			
ingo			
MOTHER			
Z			

I HEREBY CERTIFY that the child described herein
has been named

Roberto Leonardo Tarango

(Give name in full)

(Surname)

+ Ramona Flores Garcia
(Parent's Signature) mother

(Signature of Physician or Midwife)

ed by the local registrar before giving out this form.

s of birth may be obtained from the local registrar.

936-1106-969